<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE (  TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not the disclosed Have you excluded from this report details of such a trust benefiting you your spouse or dependent child?	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes No  If yes, complete and attach Schedule V.	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes No  No	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIO	Type Annual (May 15) Amendment	Status  Member of the U.S. State: SOUTH DEFORM Officer or Employee	(Full Name)	ephanie Herseth Sandlin		2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period
ansactions, or liabilities of a spouse or dependent chil	onduc	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	iX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?  If yes, complete and attach Schedule VII.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	SE QUESTIONS	Termination 3	Employing Office:	(Daytime Telephone)	(202) 225-2801		Form A For use by Members, officers, and employees
Seg.	ANSWER EACH OF THESE QUESTIONS  t and certain other "excepted trusts" need not Yes No X	estion in this part must be answered and the te schedule attached for each "Yes" response.	angement with  Yes X No	pefore the date  Yes No   No	ne reporting Yes No	ceive any pating more Yes No X		30 days late.	A \$200 penalty shall be assessed	US. 100 OF SERVATIVES /	2008 MAY 15 AM 11:53	LEGISLATIVE RESOURCE CENTER	DELIVERED *

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## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

<b>Exclude:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefi	benefits received under the Social Security Act.	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
ble (Oct. 2nd)	Spouse Speech	\$1,000
ion	Spouse Salary	NA
Fleishman-Hillard Government Relations	Sporse Salary	NA.
Mercury Public Affairs, LLC	Sporse salary	NA

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# SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e. speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

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Conduct. A green envelope for transmitting the list is included in each Member's filing package.	s filing package.		
Source	Activity	Date	Amount
Association of American Associations, Washington DC	Speech	Feb. 2, 2007	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2007	\$500
The Connell Company	Appearance	June 14, 2007	\$2000

Fed'l Thrift Sannys Plan (SP)		Federal Thrift Sannys Plan X	Marshall TX (SP)	532 Southview Drive Brookings, Si	Livestock	JT 1st Bank of Paducah, KY Accounts	Ţ	SP Mega Corp. Stock	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	and income information on e account that exceeds the for retirement plans that are for retirement plans that are for retirement plans that are for the institution holding the formed the end of the reporting for business that is not publicly for the business, the nature for the business, the nature for the geographic location in formation, see the		of the reporting perior sources of income \$200 in "unearned"	Identify (a) each asset held for investment or pro-	Asset and/or income Source Va	BLOCK A	SCHEDULE III — ASSETS AND "UNEARNED" INCOME
	X		×	×		×		×	\$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	E F G H - J K	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	reporting year. If you use a valuation method other than fair market value, please specify the method used.	e of asset at close of	Value of Asset	ВLОСК В	VED" INCOME
<	NA	N'A	×	X	FarmIncome	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: For Example, Partnership In	ncome or Farm Income)	ing the appropriate box below.  Dividends and interest, even if reinvested, should be listed as income.  Check "None" if asset did not generate any income during calendar year.	not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, inclicate the type of income by check-	Check all columns that apply. For learning that do	Type of Income	BLOCK C	
<			×	×	*	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Over \$5,000,000		Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received.	ments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , indicate the category of income by checking the appropriate hox below	For retirement plans or accounts that do not allow you to choose specific invest-	Amount of Income	BLOCK D	
								S (partial)	e s	If only a portion of an asset is sold, please indicate as follows:  (S) (partial)	exchanges (E) exceeding \$1000 in reporting year.	purchases (P), sales (S), or	Indicate if the	Transaction	BLOCK E	

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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Asset and/or Income Source					TEMSCOUNTY & DISTRICT RETITEMENT	Ford Motor Co. 45	Daktronics	Verasun	M'Alternatives Fund																
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BLOCK C Type of Income				Other Typ	NA - Pension																				
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## **SCHEDULE IV— TRANSACTIONS**

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	of Transaction	ansac	tion	Date	   		Amc	Amount of Transaction	of T	rans	actic	ĭ	}	
stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions				(MO/DAY/YR)	<b>t</b>	n	ט	m 	TI	മ	<b>I</b>		<u>_</u>	<u> </u>
that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between your spouse	ASE		NGE	or Quarterly,						0	0	00	01- 00	00
or your dependent child, or the purchase or sale of your personal residence unless it is rented out <b>If only a portion of an asset is</b>	URCH/	ALE	XCHAI	Monthly, or Bi-weekly, if	001- ,000	,001- ,000	,001- 0,000	0,001-	0,001- 0,000	00,001-	000,000	000,00	5,000,00 0,000,00	er 0,000,00
sold, please so indicate (i.e., "partial sale"). See example below.	F	S	E		\$15	\$50	\$10	\$25	\$50	\$1,	\$5,	\$25	\$50	Ov \$50
SP, DC, JT Asset							$\square$					-		
Example: Mega Coporation (		×		10-12-07		×				<u> </u>			L	L
Ford Motor Co.	×			12/07										
Daktronics	×		<u></u>	12/07	×						-			
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#### SCHEDULE V— LIABILITIES

Name Stephanielterseth Sindlin Page.

business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a

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SP					J C.	S D	
Panola State Bank, Marshall, Tx	Citibank	Midwest R&S Corporation	M.S. Dept of Education	Example: First Bank of Wilmington, Delaware	Creditor		
mortgage on 500 Miller Dr. TX	revolving charge act (=+2, +25.00	bank loan (current balance=0)	causolidated student leans	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
	3	×			\$1,001- \$15,000	σ	
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#### SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$305 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$122 or less need not be added towards the \$305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

 			_	_
		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$325	Value	

#### SCHEDULE VIII—POSITIONS

Name Stephanie Hasen Sindlin

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature

### SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

Date	Parties To
1986-1996	1986-1996 Texasconing and Fistrict Retrement System Former County Employee -